

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9601

BIRTH NO. 134		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 570		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>Madison</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - St. Michael</u> c. LENGTH OF STAY (in this place) <u>30 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#2, Fredericktown, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - St. Michael</u> d. STREET ADDRESS (If rural, give location) <u>R#2, Fredericktown, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHA</u> b. (Middle) <u>MAE</u> c. (Last) <u>ELLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec 5, 1867</u>		9. AGE (In years last birthday) <u>82</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>G. R. MARLOW</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH MCARVER</u>	
14. NAME OF HUSBAND OR WIFE <u>T. E. ELLIS</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lynn Smith</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture hip (right)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>8 mo's</u> <u>3 yrs.</u> <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>47</u> , to <u>March 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>March 23</u> , 19 <u>50</u> , and that death occurred at <u>9:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. W. Delaney</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Fredericktown Mo</u>		23c. DATE SIGNED <u>3-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WOMACK, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-1950</u>		REGISTRAR'S SIGNATURE <u>Fredericktown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajim, Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 29 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-465

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~ \_\_\_\_\_

~~Student Embalmer~~ No. \_\_\_\_\_

~~working under my present supervision~~

Student \_\_\_\_\_  
Student Embalmer

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.